

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

RECEIVED By Carol Day at 6:49 am, Nov 06, 2015

THIOX ECYTE II					KRLOKI #3	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35						
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed						
into service. Retain the original a		in 15 days to the				
INTOX EC/IR II SN	NAME OF AGENCY	an nana	DATE OF INSPECTION			
12686	SPRINGFIELD POLICE DEPT.		10/27/2015			
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION			
1000 N. BOONVILLE (GC JA SPRING		09:35 CDT				
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within						
established limits. (Write in observed values where determined). Unmarked items must be corrected						
before using instrument.						
X DIAGNOSTIC RECORD			······································			
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP		X FLOW CHECK				
X SRC TEMP	· ·	X FCB CHECK				
X DET TEMP		X CRC COMP CHEC	CK			
X BT TEMP	111 0.00	X CRC CAL CHECK	ζ			
X STD 2 TEMP		X PRINT TEST				
		A				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	RDS					
	SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE					
X STANDARD SUPPLIER INTOXI	METERS	LOT# AG516803	EXP.	DATE 06/17/2	017	
SIMULATOR TEMP (34°C +0.2°C)	SIMULA	TOR S/N	SIMULATOR EXP	DATE		
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
TEST 1 0.100 g/210L	TEST 2 0.099	g/210I	TEST 3 0.099	9 q/210L		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 2 004 29	.0509 4	.1014 13	.1519 11	OVER .19	10	
	1					
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). MEETS DEPT OF HLTH STDS						
INSPECTING OFFICER						
SIGNATURE /		PRINT FULL NAME				
► 11.A		D'ANDREA, TONY	ď			
· · · · · · · · · · · ·	TON DATE	TELEPHONE NUMBER				
250179 08/10	/2017	(417)864-1810				
RETURN COMPLETED REPORT TO	. TUR.					
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901						



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328 12686

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 17-Jun-2015

Lot # AG516803

Exp. Date 17-Jun-2017 Cyl. Type 108 Component

Ethanol Nitrogen <u>Certified Concentration</u>

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u> EB0010581 EB0010570	Concentration 391.8 ppm 259.8 ppm	<u>Serial No.</u> EB0010603 EB0010559	Concentration 392.5 ppm 258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2015.06.17 17:20:35-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

TONY D'ANDREA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOXILYZER 5000, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/10/2015	Wan to the second secon		
DATE 8/10/2015	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 250179	Dal Vasterly		
EXPIRES 8/10/2017	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES.		

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator D'AN Permit No 2501

250179

Date Issued 8/10/2015

Date Expires 8/10/2017